2006 FOR PROFIT CORPORATION

SIGNATURE:

Feb 03, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P02000133559 02-03-2006 90010 008 ***150.00 1. Entity Name PINETREE BUILDING & DEVELOPMENT, INC. Principal Place of Business Mailing Address 905 SOUTH EAST 1ST WAY 905 SOUTH EAST 1ST WAY DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address SE 97M Lasert Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) إما 201 <u>50</u>.70 City & State City & State 4. FEI Number Applied For كلءموله 1912 205 02-0659531 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u> Jemarc</u> Blo mary Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 90102425V BORNSTEIN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 905 SOUTH EAST 1ST WAY DEERFIELD BEACH, FL 33441 ESIFICIO Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent **SIGNATURE** ecent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. O TITLE Change Delete TITLE \mathbf{B} restable \mathbf{A} ☐ Addition BORNSTEIN, SCOTT Swith Barnelsin NAME NAME 41 SESTINSS # 201 STREET ADDRESS 905 SOUTH EAST 1ST WAY STREET ADDRESS DREIFERD BOUCH FC 33441 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition Stract PAlmquist 2631 NE SOTH 35 NAME PALMQUIST, STUART NAME STREET ADDRESS 6079 BOCA COLONY DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL. 33433 CITY-ST-ZIP TITLE DILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Add it lon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

G OFFICER OR DIRECTOR

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